

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	RTF-0014	Audit Name:	RTF ROV 20161020
Facility Name:	PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	Type:	L07 Investigation
Address:	601 GREGG AVE STE B	Start Date:	13 Dec 2017 08:40 AM
City/State/Zip:	FLORENCE, SC 29501-4316	End Date:	13 Dec 2017 05:00 PM
Phone 1:	843-667-0644	Inspector:	Perry Davis
Email:	SHANNON.MARCUS@UHSINC.COM		

Overall Score
100.0%

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES

INSP	Select the Type of Inspection to be Performed:	RTF Complaint Investigation
COMPL-01	Section Team Log Number: Comments <ul style="list-style-type: none"> • M11054-17 	Section Team Log Number
COMPL-03	Reason for Investigation: Comments <ul style="list-style-type: none"> • <i>A complaint (M11054-17) was received by the Department's Division of Health Licensing on 11/29/2017. The complaint alleged that:</i> <ol style="list-style-type: none"> <i>(1). The facility is not helping Resident A with his/her suicidal ideations.</i> <i>(2). Resident A was sexually assaulted by another resident in the facility.</i> <i>(3). Staff is physically and verbally assaulting Resident A.</i> 	Reason for the Investigation.
COMPL-04	What is the Source:	Consumer Complaint
COMPL-10	Date Agency (DHEC) Notified: Comments <ul style="list-style-type: none"> • 11/27/2017 	Date Agency (DHEC) Notified:
COMPL-05	Detailed Results of this Investigation: Comments <ul style="list-style-type: none"> • <i>To investigate this complaint an unannounced visit was made to the facility by (3) representatives of the Department. This investigation consisted of the following:</i> <ol style="list-style-type: none"> <i>(1). An interview with Resident A, Executive Director, Risk Manager and Clinical Director.</i> <i>(2). A review of Resident A's record to include but not limited to: individual treatment plan, physical examination, nursing notes, Medication Administration Records (MARs), physician orders, therapy notes, psychiatric progress notes and daily observation sheets.</i> <i>(3). A review of the facility reportings to the Department and incident/accident report dated [REDACTED]</i> <p><i>As a result of the investigation, no violations of Standards for Licensing Residential Treatment Facilities for Children and Adolescents: 8 S.C. Code Ann. Regs. 61-103 (Supp.2016) were cited.</i></p> 	Detailed Results
COMPL98	Is this an Unlicensed Facility/Activity Complaint?	NO
COMPL-06	Has the Initial QI Review Been Completed?	NO
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record? Comments <ul style="list-style-type: none"> • <i>Start date: November 7, 2017</i> 	NO
INSP04	Are there any other individuals accompanying the auditor for this visit? Comments <ul style="list-style-type: none"> • <i>Erika Edwards, Investigator III and Vanessa Stafford, Field Manager</i> 	YES

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention

FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	RTF-0014	Audit Name:	RTF ROV 20161020
Facility Name:	PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	Type:	L07 Investigation
Address:	601 GREGG AVE STE B	Start Date:	13 Dec 2017 08:30 AM
City/State/Zip:	FLORENCE, SC 29501-4316	End Date:	13 Dec 2017 12:19 PM
Phone 1:	843-667-0644	Inspector:	Erika Edwards
Email:	SHANNON.MARCUS@UHSINC.COM		

Overall Score
0.0%

Audit Level Notes:

daniel.eichelberger@uhsinc.com

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
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SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions.</p> <p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>The Administrator submits an electronic plan of correction by visiting the website http://www.scdhcc.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/ and following the instructions online.</p> <p>Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDHCC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p> <p>Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>The Plan of Correction (POC) is due 15 days from receipt of this Report of Visit (ROV).</i> 	POC REQUIRED
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Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	RTF Complaint Investigation
COMPL-01	<p>Section Team Log Number:</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>M11045-17</i> 	Section Team Log Number
COMPL-03	<p>Reason for Investigation:</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>A complaint (#M11045-17) was received by the Department on 11/20/17. The complaint alleged the following:</i> • <i>(1). A resident climbed over the fence, then 3 flights of stairs on top of the roof and threatened to jump off.</i> • <i>(2). A resident eloped from the facility twice.</i> • <i>(3). Residents are not receiving their medications as prescribed; and staff are giving other staff members residents' medications.</i> • <i>(4). There are conflicting stories on how a resident injured his/her wrist.</i> • <i>(5). Staff are exploiting residents on Facebook Live by mocking the behaviors of the children.</i> 	Reason for the Investigation.

COMPL-04	What is the Source:	Consumer Complaint
COMPL-10	Date Agency (DHEC) Notified: Comments <ul style="list-style-type: none">• 11/20/17	Date Agency (DHEC) Notified:
COMPL-05	Detailed Results of this Investigation: Comments <ul style="list-style-type: none">• <i>To investigate this complaint, an unannounced on-site visit was made to the facility by (2) representatives of the Department. The investigation consisted of the following:</i> (1). A review of 18 nursing and clinical records which included individual treatment plans, therapy and nurses notes and observations, body audit reports, physician's orders, medication administration records, special precautions forms, physician notes, treatment team review forms, & psychiatric/behavior assessments and evaluations. (2). An interview with the Executive Director, Regional Clinical Director, Risk Manager, 1 resident. (3). A review of The facility's (4). An observation of the recreation area. <i>Special Precautions Policy CS 040, Elopement Policy CS 025, and Suicide Prevention Plan and procedures RA 200.</i>	Detailed Results
COMPL98	Is this an Unlicensed Facility/Activity Complaint?	NO
COMPL-06	Has the Initial QI Review Been Completed?	NO
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? Comments <ul style="list-style-type: none">• Perry Davis, Vanessa Stafford	YES

RTF Regulation Sections 100 - 400

Question ID	Question	Answer
R-61-103-400.A	<p>400.A. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Each facility shall have a clear written statement of its purpose and objectives. This policy shall include a specifically delineated description of the services the facility offers, in order to provide a frame of reference for judging the various aspects of the program. The policy shall also include: (Class II Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>(A). The facility staff did not implement its Policy titled: Elopement Precautions for PRTF's CS 025.</i> <p><i>Elopement is defined as attempts by the resident to run away from the PRTF facility off-site function or activity. Also known as escape or AWOL (Away without official leave". Procedures include the following:</i></p> <p><i>-Clinical or nursing staff shall place the resident on a level of observation commensurate with the level of risk as approved by the physician. Levels of Observation can be 5 minute checks or 1:1.</i></p> <p><i>-Residents on elopement precautions shall be re-assessed by the resident's therapist or designee or registered nurse at least once every 24 hours. Residents on 1:1 shall be re-assessed by a registered nurse once every shift.</i></p> <p><i>-The observation flow sheet and special precautions protocol form shall clearly indicate if a</i></p>	OUT

resident is on elopement precautions.

-The special precautions form must be completed and reviewed at every change of shift with on-coming shift and updated every 24 hours.

-Routine Observation notes should indicate that the resident is on elopement precautions and which level of precautions.

-The treatment plan and special precautions form should include separate problems and/or goals which address restrictions necessitated by elopement risk status.

-Nursing and clinical progress notes should reflect re-assessment of elopement signs of concern, and resident response to redirection.

For the following incidents in which physician orders were given to initiate elopement precautions for Resident A, there was no documentation of an elopement assessment completed weekly for a period of 90 days following the elopements. Routine observation notes reviewed did not indicate the level of special precautions required for Resident A during the 72 hours following the elopement. A special precautions form was not completed every 24 hours following a physician order for 72 hour special precautions.

(1). A physician's order [REDACTED] documented that it was ok to place Resident A on special precautions for 24 hours for elopement [REDACTED]

(2). A physician's order [REDACTED] documented that it was ok to place Resident A on 5 minute checks and special precautions for 72 hours for elopement following an elopement [REDACTED]

(3). A physician's order [REDACTED] documented that it was ok to place Resident A on 5 minute checks and special precautions for 72 hours for elopement following an elopement [REDACTED]

(4). There was no documentation of an elopement assessment completed on Resident A 24-hours after an elopement [REDACTED] An incident report [REDACTED] documented that Resident A climbed over the fence and left the facility grounds while outside for recreation.

(B). The facility did not implement its Special Precautions Policy CS040.

-The licensed nurse, physician, or clinical staff should determine the level of risk associated with each new admission and throughout their hospitalization on the basis of past behavior, present situation, and current mental status.

-An order for the appropriate level of precautions should be documented in the physician's order section of the medical record and the precautions record should be initiated by the charge nurse or designee. When special precautions are initiated by nursing, the nurse should contact the physician as soon as possible and notify him/her of the need for the precaution. Initiation of precautions should be documented in the physician orders.

-Reassessment by a Therapist or nurse should be completed and documented at least every 24 hours.

-The registered nurse or therapist should address the status of the resident on a special precautions form documented every 24 hours.

For the following special precautions a special precautions form was not completed every 24 hours while the resident was on special precautions. Also, the level of precautions were not addressed on the physician orders.

(1). A physician's order [REDACTED] documented that it was ok to place Resident A on special precautions for 24 hours for elopement.

(2). A physician's order [REDACTED] documented that it was ok to place Resident A on 5 minute checks and special precautions for 72 hours for elopement.

(3). A physician's order [REDACTED] documented that it was ok to place Resident A on

5 minute checks and special precautions for 72 hours for elopement.

(C). The facility did not implement section 11.2 of the Special Precautions Policy.

-Continuous observation- Line of staff sight at all times.

- 11.2.1 The resident is generally restricted to a secure unit. 11.2.2 The resident should be within visual range of the assigned staff at all times.

-11.3.3 Routine unit precautions all residents should be in staff sight at all times during awake hours.

An incident report [REDACTED] documented that Resident A climbed and jumped the fence near the basketball court while staff was playing with some of the other kids.

Staffing was appropriate (1:5) at the time of the occurrence and the staff member was outside with 5 residents total. "The staff present admits to engaging in an activity with two of the residents while the other 3 including Resident A were on the basketball court unsupervised". The Staff member failed to monitor all that he was accountable for during the time of Resident A's elopement. Resident A was not in line of sight supervision during recreation. Nurses notes [REDACTED] documented that Resident A was on elopement precautions prior to the elopement [REDACTED]. An incident report [REDACTED] documented that Resident A eloped from the facility once more, however, there was no documentation of elopement precautions [REDACTED]

RTF Regulation Sections 500 -1300

Question ID	Question	Answer
R-61-103-504.B	<p>504.B. The number and qualifications of staff members shall be determined by the number and condition of the residents. There shall be sufficient staff members to provide supervision, direct care, and basic services for all residents. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"><i>There was not sufficient staff members to provide supervision as determined by the condition of residents.</i> <p><i>Incident reports on the following dates document resident elopements from the facility:</i></p> <p>(a). [REDACTED] 3 residents eloped from the [REDACTED] Unit.</p> <p>(b). [REDACTED] 1 resident eloped from the [REDACTED] Unit.</p> <p>(c). [REDACTED] 8 residents eloped from the [REDACTED] Unit.</p> <p>(d). [REDACTED] 2 residents eloped from the [REDACTED] Unit.</p> <p>(e). [REDACTED] 3 residents eloped from the [REDACTED] Unit.</p> <p>(f). [REDACTED] 1 resident eloped from the [REDACTED] Unit.</p> <p>(g). [REDACTED] 1 resident eloped from the [REDACTED] Unit.</p> <p>(h). [REDACTED] 4 more residents eloped from the [REDACTED] Unit.</p> <p>(i). [REDACTED] 3 residents eloped from the [REDACTED] Unit.</p> <p>(j). [REDACTED] 1 resident eloped from the [REDACTED] Unit.</p> <p><i>Residents' elopement precautions included unit restrictions, 5 minute checks, meals provided on the unit, resident within line of sight and/or visual and hearing range of staff at all times. However, multiple incidents required that multiple of the same residents be on special precautions at the same time. For example, there were 2 separate elopement</i></p>	OUT

events on the [REDACTED] unit on [REDACTED] During the first incident 2 residents eloped. And now both residents require elopement precautions. On the same day and unit, 4 residents eloped. Now 6 residents are on elopement precautions on the same unit. [REDACTED] on the [REDACTED] unit 8 residents eloped at one time.

Some of the residents have prior elopements or attempts and have disorders such as oppositional defiant disorder. For example, Resident A had 5 elopements off the facility grounds on [REDACTED] Resident A also had 6 documented elopement attempts on [REDACTED] [REDACTED] in which s/he crawled under the gate and ended up on top of the roof. Physician's orders documented that Resident A was placed on special elopement precautions and 5 minute checks for 72 hours for each of these incidents.

Resident D also eloped twice on [REDACTED]

Resident B eloped 3 times on [REDACTED]

The facility's Special Precautions policy and procedures documented that additional staff members may be called in to assist in monitoring residents or to ensure safety of the milieu and enforce precautions or increased level of observation. From [REDACTED] [REDACTED] there were 10 documented elopements on the [REDACTED] unit, and multiple attempts to elope by multiple residents on the same unit. The facility did not increase the number of staff to adjust to the increase in the number and level of the special precautions needed for the condition of the residents on the [REDACTED] unit.

R-61-103-901.C 901.C. The facility shall render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions. The facility shall assist in activities of daily living as needed and appropriate. Each facility is required to provide only those activities of daily living and only to the levels specifically designated in the written agreement between the resident, and/or his or her responsible party or guardian, and the facility. (Class I Violation)

Comments

- The facility staff did not render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions.***

Resident A had physician's orders for special precautions for elopement risk and 5 minute checks for 72 hours on [REDACTED] [REDACTED] There was no documentation of 5 minute checks completed for 72 hours for Resident A.

Resident B had physician's orders for special precautions for elopement risk and 5 minute checks for 72 hours on [REDACTED] [REDACTED] There was no documentation of 5 minute checks completed for 72 hours for Resident B.

Resident C had physician's orders for special precautions for elopement risk and 5 minute checks for 72 hours on [REDACTED] [REDACTED] There was no documentation of 5 minute checks completed for 72 hours for Resident C.

OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



PLAN OF CORRECTION REPORTING FORM

BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

RTF-0014

Facility Type:

HL- Residential Treatment for Children & Adolescents

Facility Name:

PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER

Inspection Date:

12/13/2017

Submission Date:

01/05/2018

Type of Inspection:

Investigation

ADMINISTRATOR'S CERTIFICATION

By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate.

Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Checked

Administrator Name:

Dan Eichelberger

E-mail:

daniel.eichelberger@uhsinc.com

Phone:

(843) 667-0644

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
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400A	Yes	01/26/2018
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Corrective Action:

The facility is completing a full targeted audit of all active charts to include documentation of patients' observation rounds, physician orders, documentation of precautions, clinical documentation, and nursing documentation. Findings will be used in Facility PI process to improve outcomes.

Preventive Action:

The facility is reviewing and revising the elopement precautions and special precautions policies and procedures. Residential Supervisory staff, clinical staff, and nursing staff will be trained in the updated and revised procedures.

Optional Comments:**Response Approved:**

Yes

Section:	Was Completion Date Provided? Completion Date (Actual or Expected):	
901C	Yes	01/26/2018

Corrective Action:

The facility is completing a full targeted audit of all active charts to include documentation of patients' observation rounds, physician orders, documentation of precautions, clinical documentation, and nursing documentation. Findings will be used in Facility PI process to improve outcomes. Elopement and Special Precaution policies are being reviewed and revised to address our systems and processes. Additionally policies will have more specific and detailed language outlining the procedures and who is responsible for ensuring precaution procedures and documentation is completed appropriately. Additionally residential leadership staff, nursing staff, and clinical staff will be trained on the revised procedures.

Preventive Action:

The following layers of accountability have been added to our facility processes.

- Each shift debrief review of those residents on special precautions/observations with debrief from the shift leader.
- Nurse report turned in the DON with copy to CEO should summarize special precautions and actions taken.
- DON should update leadership every day in flash what residents are on special obs and any follow up needed from nurses, clinicians and/or physicians.
- Reviewing in Leadership flash meeting as an additional layer of accountability
- DCS and DON will round every day to review special precautions

Optional Comments:**Response Approved:**

Yes

Section:	Was Completion Date Provided? Completion Date (Actual or Expected):	
504b	Yes	01/26/2018

Corrective Action:

Elopement and Special Precaution policies are being reviewed and revised to address our systems and processes. Additionally policies will have more specific and detailed language outlining the procedures and who is responsible for ensuring precaution procedures and documentation is completed appropriately. Additionally residential leadership staff, nursing staff, and clinical staff will be trained on the revised procedures.

Preventive Action:

- Each shift debrief review of those residents on special precautions/observations with debrief from the shift leader.
- Nurse report turned in the DON with copy to CEO should summarize special precautions and actions taken.
- DON should update leadership every day in flash what residents are on special obs and any follow up needed from nurses, clinicians and/or physicians.
- Reviewing in Leadership flash meeting as an additional layer of accountability
- DCS and DON will round every day to review special precautions

Optional Comments:**Response Approved:**

Yes

LOG INFORMATION SECTION**Report of Visit Delivery Date:**

12/21/2017

Plan of Correction Due Date:

1/5/2018

Date Plan of Correction was Reviewed:

01/09/2018

Reviewed by:

L. Sanders, LPN

Comments:**Plan of Correction Approved:**

Yes

Decision By:

L. Sanders, LPN

Decision Date:

01/09/2018

Remove POC:

UPLOAD DOCUMENTS

File Upload**Plan of Correction Log Number:**

MPC01010-18

DHEC Form 0284 (05/2014)